| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155121 | A. BUILDING 00<br>B. WING | 02/28/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ROSEWALK VILLAGE AT LAFAYETTE | 1903 UNION ST<br>LAFAYETTE, IN 47904 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| F0000 | This visit was for the Investigation of Complaints IN00122053 and IN 00124506.<br><br>Complaint number IN00122053 unsubstantiated, due to lack of evidence.<br><br>Complaint number IN00124506 unsubstantiated, due to lack of evidence.<br><br>Unrelated deficiencies are cited.<br><br>Survey Dates: February 27 and 28, 2013<br><br>Facility number: 000051<br>Provider number: 155121<br>AIM number: 100275490<br><br>Survey Team:<br>Rita Mullen RN, TC<br>Bobette Messman RN<br><br>Census Bed type:<br>SNF/NF: 105<br>SNF: 14<br>Total: 119<br><br>Census Payor type:<br>Medicare: 32<br>Medicaid: 76 | F0000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| | Other: 11<br>Total: 119<br><br>Sample: 4<br>Supplemental: 6<br><br>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.<br><br>Quality Review was completed by Tammy Alley RN on March 6, 2013. | | | |

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| F0226 SS=D | 483.13(c)<br>DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES<br>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.<br>Based on record review and interview, the facility failed to follow their policy for abuse prevention, investigation, and reporting an allegation of abuse to the administrator immediately and failed to report the abuse allegation to the Indiana State Department of Health within 24 hours of the event. (Resident F)<br><br>Findings include:<br><br>During an interview with Resident F, on 2/27/2012 at 1:45 p.m., it was indicated that on 02/26/2012 between 12:00 a.m., and 12:30 a.m., CNA # 1 was verbally abusive to her roommate. Resident F reported her concern to CNA #2. Resident F indicated CNA # 2 advised her that CNA #1 would not be assigned to care for her and her roommate in the future.<br><br>During an interview with the Director of Nursing (DON), on 2/28/2013 at 9:30 a.m., a copy of the abuse | F0226 | This campus respectfully requests a desk review for this survey:What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? Resident F's roommate had no negative adverse reactions and/or no negative psycho-social distress from the allegation. Resident F's roommate had a full skin assessment completed with no findings. A pain assessment was completed with no findings. Social Serivce followed up with both residents with no negative psycho-social findings. All allegations of abuse will be investigated and reported to the ISDH within 24 hours by the executive director or designeeResidents and families have been encouraged to report any allegation of abuse to anyone of the staff for investigation and they will notify the executive directorHow other residents having the potential to be affected by the same practice will be identified and what corrective actions will be taken?All residents have the potential to be affectedNo other residents were affectedAll allegations of abuse | 03/30/2013 |

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| | allegation investigation was requested.<br><br>During an interview with the Director of Nursing on 2/28/2013 at 9:45 a.m., she indicated the abuse investigation was not done, she was not aware of the abuse allegation made by Resident F.<br><br>During an interview with the Executive Director on 2/28/2013 at 10:50 a.m., she indicated she had sent the incident report of abuse allegation to the State Department of Health on 2/28/2013. She further indicated she was advised of the abuse allegation report on 02/28/2013.<br><br>A facility policy for "Abuse Prohibition, Reporting, and Investigation" (not dated) received from the Administrator on 2/28/2013 at 1:15 p.m., indicated the following:<br><br>"...5. All abuse allegations must be reported to the Executive Director immediately, and to the resident's representative (sponsor, responsible party) within 24 hours of the report. Failure to report will result in disciplinary action, up to and including immediate termination...7. The Executive Director/ designee will report all unusual occurrences, which | | will be investigated and reported to the ISDH within 24 hours by the executive director or designeeResidents and families have been encouraged to report any allegation of abuse to anyone of the staff for investigatoin and they will notify the executive directorWhat measures will be put into place to ensure the deficient practice does not recur? All allegations of abuse will be investigated and reported to the ISDH within 24 hours by the executive director or designeeResidents and families have been encouraged to report any allegation of abuse to anyone of the staff for investigatin and they will notify the executive director. Campus staff will be inserviced and ED/DNS/Designees will conduct interviews of all interviewable residents using the QIS questions related to abuse to ensure all allegations or concerns are reported and handled according to policy. All allegations will be reported immediatley to the ED/DNS. Management staff will initiate a full investigation per facility policy. Staff on all shifts will be interviewed to ensure staff understand allegations of abuse and the timely reporting of abuse allegations to the ED/DNS. How the corrective actions will be monitored to ensure the deficient practice will not recur?Executive director or designee will randomly interview staff members about | |

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| | included allegations of abuse, within 24 hours of discovery, to the Long Term Care Division of the State of Indiana Department of Health...."<br><br>3.1-28(a)<br><br>. | | abuse policies and procedure weekly for 4 weeks using the continuous quality improvement abuse - staff interview tool, then monthly for 3 months, then quartely times 3. The results of these interviews will be reviewed by the CQI committee overseen by the executive director. If 100% compliance is not achieved an action plan will be developed to ensure compliance. Executive director or designee will complete the continuous quality improvement abuse prohibition tool with any allegations of abuse weekly for 4 weeks, then montlhy for 3 months, then quarterly times 3. The results of this will be reviewed by the CQI committee overseen by the executive director. Compliance will be 100% or action plan will be developed. All allegations of abuse will be reported within 24 hours to the ISDH. | |